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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	3006-1772	
		First Named Inventor	Thomas A. Osborne, et al.	
		<i>COMPLETE IF KNOWN</i>		
		Application Number		
		Filing Date	September 16, 2005	
<input type="checkbox"/> Declaration Submitted With Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)		Art Unit		
		Examiner Name		

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe that the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VASCULAR VALVE WITH REMOVABLE SUPPORT COMPONENT

(Title of the Invention)

The specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 03/17/2004 as United States Application Number or PCT International

Application Number PCT/US04/008176 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part-applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
PCT/US2004/008176	PCT	03/17/2004	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/455,241	03/17/2003	
60/491,490	07/31/2003	

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Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number	30565	OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name (first and middle [if any])		THOMAS A.		Family Name or Surname OSBORNE	
Inventor's Signature <i>Thomas A. Osborne</i>				Date <i>Nov. 2, 2005</i>	
Residence: City		State		Country	Citizenship
Bloomington		Indiana		US	US
Mailing Address					
9480 S. Pointe LaSalles Drive					
City		State		ZIP	Country
Bloomington		Indiana		47401	US
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name (first and middle [if any])		BRIAN C.		Family Name or Surname CASE	
Inventor's Signature <i>Brian C. Case</i>				Date <i>Nov 2, 2005</i>	
Residence: City		State		Country	Citizenship
Bloomington		Indiana		US	US
Mailing Address					
841 Rosewood Drive					
City		State		ZIP	Country
Bloomington		Indiana		47404	US
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]) DAVID R.		Family Name or Surname LESSARD	
Inventor's Signature <i>David R. Lessard</i>		Date <i>11/15/05 Nov. 15, 2005</i>	
Residence: City Bloomington	State Indiana	Country US	Citizenship US
Mailing Address <i>DM</i> 4302 Chadwick Drive 3684 STERLING AVE.			
City <i>DM</i> Indianapolis Bloomington	State Indiana	ZIP 47401	Country US

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]) NEAL E.		Family Name or Surname FEARNOT	
Inventor's Signature		Date	
Residence: City West Lafayette	State Indiana	Country US	Citizenship US
Mailing Address 3051 Hamilton Street			
City West Lafayette	State Indiana	ZIP 47906	Country US

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
DAVID R.		LESSARD	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Bloomington	Indiana	US	US
Mailing Address			
4302 Chadwick Drive			
City	State	ZIP	Country
Indianapolis	Indiana	47401	US

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
NEAL E.		FEARNOT	
Inventor's Signature		Date	
<i>Neal E. Fearnot</i>		<i>October 13, 2005</i>	
Residence: City	State	Country	Citizenship
West Lafayette	Indiana	US	US
Mailing Address			
3051 Hamilton Street			
City	State	ZIP	Country
West Lafayette	Indiana	47906	US

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Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country